

Virtual Permitting

Window and Door Replacement Instructions and General Information

You will find an abbreviated application for this permit. Please fill in the remaining areas that are specific for your particular trade. In addition to the application, please see the items listed below that must be submitted. Please submit all documents to permitting@groveland-fl.gov . You can also fax them to Attention Paddy at 352-429-3852 .

Once all of the information is received, by the Building Department, we will process your permit and calculate your fees. We will then email back a copy of the fee breakdown as well as a credit card authorization form that you will need to complete and either email or fax back. Once we receive the notarized form, we will charge your credit card for the permit and will send back approved plans and your permit card to your email address. Please note that there is a minimal administrative fee for the virtual permits, which will be shown to you prior to you filling out the credit card authorization form.

1. Contractor registration. (Not required if you are already registered with us)
2. Completed Application.
3. Notice of commencement if the job value is over \$2,500.
4. Product Approval FL number and Manufacturer's Installation specifications.

Plans

Windows:

For window replacement, please provide an existing floor plan and show the windows that are to be replaced along with their size. If you are replacing size for size, just indicate that instead of marking the specific size.

Doors:

Please provide a floor plan showing the location of the door(s) to be replaced.

Important!

Day of the inspection, please make sure installation specs, permit card and N.O.C. are on the job.

To Schedule An Inspection - email: inspectionrequest@alpha-inspections.net		<h2 style="margin:0;">Permit Application</h2>		In addition to this permit, you may be required to receive approval from other State of Federal agencies prior to commencing work		Permit Number 		
You must submit 3 copies of this form. Only 1 has be notarized if signed prior to coming to City Hall.				Project Address				
				Project Description				
Property ID Key/Number				Parcel Number				
Owner's Name		Mailing Address		City, State, Zip		Telephone		
General Contractor		Mailing Address		City, State, Zip		Telephone		
Construction Contractor		Mailing Address		City, State, Zip		Telephone		
Electrical Contractor		Mailing Address		City, State, Zip		Telephone		
Plumbing Contractor		Mailing Address		City, State, Zip		Telephone		
HVAC Contractor		Mailing Address		City, State, Zip		Telephone		
Roofing Contractor		Mailing Address		City, State, Zip		Telephone		
Legal Description								
Bonding Company								
Bonding Company Address								
Architect's Name								
Architect's Address								
Project Information								
Subdivision Name		Phase	Lot No.	Model	Elevation	Lot Area	Impervious Surface Ratio	
Flood Zone								
Setbacks Provided over Required (ft)								
Front		Rear		Side		Corner		
Project		Area		Electrical	Hvac	Water		
New		Living		Service Size	Type	Municipal		
Alteration		Garage				Well		
Addition		Porch(s)			Efficiency		Plumbing	
Repair		Other			Airhandler		Sewer	
Other		Total			Condenser		Septic	
Garage		Number of Bedrooms		Cost / Value		Code In Effect		
Attached								
Detached								
Applicant Signature		Date _____						
<p>WARNING TO OWNER: Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend to obtain financing, consult with your lender or an attorney before recording your Notice of Commencement. The issuance of a building permit does not assure the building setbacks have been met or that the structure does not encroach on an easement. The owner and/or contractor have the sole responsibility of determining compliance with setbacks and non-encroachment of easements. Permits expire 6 months after issuance. You are responsible for the completion of the permit, inspections, and all Re-Inspection Fees.</p>								
<p>The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification and who did ____ or did not ____ take an oath.</p>								
<p>(Seal) Notary Public</p>								
White Copy Office		Yellow Copy Property Appraiser			Pink Copy Owner			

LIMITED POWER OF ATTORNEY

Date: _____

I hereby name and appoint: _____

an agent of: _____
(Name of Company)

to be my lawful attorney-in-fact to act for me to apply for, receipt for, sign for and do all things necessary to this appointment for **(check only one option)**:

☐ All permits and applications submitted by this contractor.

☐ The specific permit and application for work located at:

(Street Address)

Expiration Date for This Limited Power of Attorney: _____

License Holder Name: _____

State License Number: _____

Signature of License Holder: _____

STATE OF FLORIDA
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____,
20____, by _____ who is ☐ personally known
to me or ☐ who has produced _____ as
identification and who did (did not) take an oath.

Signature

(Notary Seal)

Print or type name

Notary Public - State of _____

Commission No. _____

My Commission Expires: _____

After recording return to:

Permit No: _____
Tax Folio or Alternate Key #: _____

NOTICE OF COMMENCEMENT
Astatula, Clermont, Eustis, Fruitland Park, Howey in the Hills,
Groveland, Lady Lake, Lake County, Leesburg, Mascotte,
Minneola, Montverde, Mount Dora, Tavares, Umatilla

The undersigned hereby gives notice that improvement will be made to certain real property, and in accordance with Chapter 713, Florida Statutes, the following information is provided in this Notice of Commencement.

1. Description of property: (legal description of the property, and street address if available)

Street Address: _____
2. General description of improvement: _____
3. Owner's Information: Name: _____
Address: _____
Interest in Property: _____
Name and Address of fee simple titleholder (if other than owner): _____

4. Contractor Information: Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
5. Surety Information: Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
Amount of Bond: _____
6. Lender Information: Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
7. Persons within the State of Florida designated by Owner upon whom notices or other documents may be served as provided by Section 713.13(1)(a)7., Florida Statutes:
Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
8. In addition to himself or herself, Owner designates _____ of _____
to receive a copy of the following Lienor's Notice as Provided in Section 713.13 (1) (b), Florida Statutes:
Name: _____
Address: _____
Telephone No. _____ Fax No. (Opt.) _____
9. Expiration date of notice of commencement (the expiration date is 1 year from the date of recording unless a different date is specified) _____.

WARNING TO OWNER: ANY PAYMENTS MADE BY THE OWNER AFTER THE EXPIRATION OF THE NOTICE OF COMMENCEMENT ARE CONSIDERED IMPROPER PAYMENTS UNDER CHAPTER 713, PART I, SECTION 713.13, FLORIDA STATUTES, AND CAN RESULT IN YOUR PAYING TWICE FOR IMPROVEMENTS TO YOUR PROPERTY. A NOTICE OF COMMENCEMENT MUST BE RECORDED AND POSTED ON THE JOB SITE BEFORE THE FIRST INSPECTION. IF YOU INTEND TO OBTAIN FINANCING, CONSULT YOUR LENDER OR AN ATTORNEY BEFORE COMMENCING WORK OR RECORDING YOUR NOTICE OF COMMENCEMENT.

Signature of Owner or Owner's Authorized Officer/Director /Partner /Manager

Printed Name & Signatory's Title/Office

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____
who is [] personally known to me or [] has produced _____ as identification and [] who did or [] did not take an oath.

Signature of Notary Public - State of Florida

Print, type or Stamp Commissioned Name of Notary Public

Verification pursuant to Section 92.525, Florida Statutes

Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true to the best of my knowledge and belief.

Signature of Natural Person (Owner) Signing Above



BUILDING DEPARTMENT

156 South Lake Avenue
Groveland, FL 34736

Phone: (352) 429-2141 Fax: (352) 429-3852

Contractor Registration 2010-2011

BUSINESS INFORMATION:

Company Name: _____

Contact Person if different than Owner: _____

Mailing Address: _____

Business Phone: _____ Fax: _____

OWNER INFORMATION:

Name: _____

Address: _____

Phone: _____ Cell: _____

Email _____

The items listed below are required each year at time of registration:

- General Liability (showing City of Groveland as Certificate Holder)
- Worker's Compensation or Letter of Exemption
- Current County Business Tax Receipt (2010-2011)
- State License (if applicable). List available upon request.
- Division of Corporation (www.sunbiz.org)

Registration fee in the amount of \$50.00 is due at time of registration.

REGISTRATIONS EXPIRE SEPTEMBER 30TH OF EVERY YEAR

Please call Extension 227 if you have any questions

OFFICE USE ONLY: CONTRACTOR REGISTRATION NUMBER: _____